



733 Turnpike Street
Suite 192
North Andover, MA 01845
USA
Tel: +1-718-548-7245
Fax: +1-484-952-2470

CERTIFICATION MARK LICENSE APPLICATION

BUSINESS CONTACT INFORMATION

Company name:		
Company contact:		
Phone:	Fax:	Contact E-mail:
Registered company address:		
City:	State:	ZIP Code:
Company Type: (Corporation, LLC, Other)	Full Member of the SIP Forum Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

DESCRIPTION OF SIPCONNECT COMPLIANT PRODUCT OR SERVICE

Certification is requested for a SIPconnect Compliant: (SIP Trunking Service, IP PBX, SIP Proxy Server, SIP Application Server, Other)	
The development status of the product or service is: (Development, BETA/Trials, Commercially Available)	
Product Name:	Model:
Software Version:	Will compatibility be maintained on future software releases? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

TESTING AND INTEROPERABILITY

On a separate sheet, please describe the testing you have performed to validate your compliance with the SIPconnect Technical Recommendation.
On a separate sheet, please describe any successful interoperability you have achieved with other SIPconnect Compliant products or services.
Please complete the interoperability survey found at: http://www.zoomerang.com/Survey/survey.zqi?p=WEB226UG6V2CW8 . Your inputs to this survey will be considered part of your application.

AGREEMENT

1. I certify that the information provided herein and in the associated survey is accurate and true to the best of my knowledge. I have read the terms of the SIPconnect Certification Mark License Agreement, and understand that an executed license agreement is required before the mark can be used by a Licensee.

SIGNATURES

Title: Date:	Title: Date:
-----------------	-----------------